## N10253

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## **COVER LETTER**

Date: 03/31/2020 TO: Amendment Section Division of Corporations SUBJECT: LA VITA CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER:\_ N10253 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAE ANN PARKER. RECORDS ADMINISTRATOR (Name of Person) Sentry Management, Inc. (Name of Firm/Company) 2180 W. State Road 434, Suite 5000 (Address) Longwood, FL 32779-5044 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 788-6700 ext. 22300 (Area Code & Daytime Telephone Number) RAE ANN PARKER (Name of Person) Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. Street Address: Amendment Section Division of Corporations Clifton Building

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.	0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	SENTRY MANAGEMENT INC
	(Name of Registered Agent)
hereby resigns as Registered Agent for LA	VITA CONDOMINIUM ASSOCIATION, INC.
	(Name of Corporation)
N10253	
(Document Number, if known)	
A copy of this resignation was mailed to the	ne above listed corporation at its last known address.
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the date on which  HAR 30  Reference Agent)
If signing on behalf of an entity:	Of Rechaning Agent)  On the Control of Rechange Agent)  On the Control of Rechange Agent)
Bradley Pomp, on be	ehalf of, Sentry Management, Inc.
(Тур	ped or Printed Name)
	President
	(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1, 32314